

MAPLEWOOD CENTER  
8615 W BELOIT RD

WEST ALLIS 53227 Phone:(414) 607-4100  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/04): 150  
Total Licensed Bed Capacity (12/31/04): 150  
Number of Residents on 12/31/04: 140

Ownership: Non-Profit Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? Yes  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 135

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		61.4	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		27.9	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.4	More Than 4 Years		10.7	
Day Services	No	Mental Illness (Org./Psy)	7.9	65 - 74	4.3			-----	
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	25.0			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	59.3	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.7	95 & Over	10.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	15.7		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	2.9	65 & Over	98.6	-----			
Transportation	No	Cerebrovascular	7.9		-----	RNs		28.3	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		8.8	
Other Services	No	Respiratory	1.4	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	63.6	Male	25.0	Aides, & Orderlies			
Mentally Ill	No	-----	-----	Female	75.0	42.1			
Provide Day Programming for			100.0		-----	-----			
Developmentally Disabled	No				100.0	-----			

## Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	2	6.7	148	0	0.0	0	1	1.3	218	0	0.0	0	0	0.0	0	3	2.1
Skilled Care	32	100.0	263	27	90.0	127	0	0.0	0	75	97.4	218	0	0.0	0	1	100.0	250	135	96.4
Intermediate	---	---	---	1	3.3	105	0	0.0	0	1	1.3	218	0	0.0	0	0	0.0	0	2	1.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	32	100.0		30	100.0		0	0.0		77	100.0		0	0.0		1	100.0		140	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	1.6	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	2.9	60.7	36.4	140
Other Nursing Homes	1.7	Dressing	5.7	77.1	17.1	140
Acute Care Hospitals	91.3	Transferring	7.1	75.7	17.1	140
Psych. Hosp.-MR/DD Facilities	1.0	Toilet Use	5.0	70.7	24.3	140
Rehabilitation Hospitals	0.0	Eating	31.4	56.4	12.1	140
Other Locations	4.5	*****				
Total Number of Admissions	516	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	10.0	Receiving Respiratory Care		10.0
Private Home/No Home Health	23.1	Occ/Freq. Incontinent of Bladder	50.7	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	13.0	Occ/Freq. Incontinent of Bowel	30.7	Receiving Suctioning		0.0
Other Nursing Homes	0.8			Receiving Ostomy Care		2.1
Acute Care Hospitals	26.9	Mobility		Receiving Tube Feeding		2.1
Psych. Hosp.-MR/DD Facilities	1.0	Physically Restrained	1.4	Receiving Mechanically Altered Diets		30.0
Rehabilitation Hospitals	0.0					
Other Locations	22.3	Skin Care		Other Resident Characteristics		
Deaths	12.8	With Pressure Sores	12.1	Have Advance Directives		80.7
Total Number of Discharges		With Rashes	11.4	Medications		
(Including Deaths)	506			Receiving Psychoactive Drugs		60.7

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

*****									
	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 100-199 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	87.4	1.03	86.5	1.04	87.3	1.03	88.8	1.01
Current Residents from In-County	92.1	86.8	1.06	87.0	1.06	85.8	1.07	77.4	1.19
Admissions from In-County, Still Residing	16.1	21.8	0.74	18.9	0.85	20.1	0.80	19.4	0.83
Admissions/Average Daily Census	382.2	159.1	2.40	188.2	2.03	173.5	2.20	146.5	2.61
Discharges/Average Daily Census	374.8	159.6	2.35	190.4	1.97	174.4	2.15	148.0	2.53
Discharges To Private Residence/Average Daily Census	135.6	63.2	2.14	77.5	1.75	70.3	1.93	66.9	2.03
Residents Receiving Skilled Care	98.6	96.1	1.03	95.9	1.03	95.8	1.03	89.9	1.10
Residents Aged 65 and Older	98.6	96.5	1.02	90.5	1.09	90.7	1.09	87.9	1.12
Title 19 (Medicaid) Funded Residents	21.4	50.4	0.43	56.3	0.38	56.7	0.38	66.1	0.32
Private Pay Funded Residents	55.0	33.2	1.66	22.2	2.48	23.3	2.36	20.6	2.68
Developmentally Disabled Residents	0.0	0.5	0.00	1.1	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	7.9	33.9	0.23	29.0	0.27	32.5	0.24	33.6	0.23
General Medical Service Residents	63.6	26.1	2.43	25.4	2.50	24.0	2.65	21.1	3.02
Impaired ADL (Mean)	55.7	51.2	1.09	52.6	1.06	51.7	1.08	49.4	1.13
Psychological Problems	60.7	62.3	0.97	55.4	1.10	56.2	1.08	57.7	1.05
Nursing Care Required (Mean)	8.5	7.1	1.20	7.7	1.11	7.7	1.10	7.4	1.14